

**HEALTHY INDIANA PLAN DEMONSTRATION**  
PROJECT NUMBER: 11-W-00237/5

**SECTION 1115 QUARTERLY REPORT**  
State of Indiana

**REPORTING PERIOD:**

Demonstration Year: 7 (01/01/14 – 12/31/14)

Federal Fiscal Quarter: 4/2014 (7/14 – 9/14)

Date Submitted to CMS: 12/12/2014



**HEALTHY INDIANA PLAN**<sup>SM</sup>  
Health Coverage = Peace of Mind

**Introduction:**

The Healthy Indiana Plan (HIP) was designed for those that do not have access to health insurance and that are not eligible for other Indiana Medicaid programs. Through a December 14, 2007 letter from Kerry Weems, Acting CMS Administrator, the State of Indiana Family and Social Services Administration (FSSA) Secretary was informed HIP was approved as the Indiana Section 1115 Medicaid Demonstration Project (11-W-00237/5) for a five year period – January 1, 2008 through December 31, 2012 – in accordance with section 1115(a) of the Social Security Act. Indiana has received CMS approval to extend the HIP program through December 31, 2014.

The goal of this approved demonstration is to:

- Provide high deductible health insurance plan
- Provide Personal Wellness & Responsibility (POWER) Account (like a HSA)
- Provide health insurance to uninsured custodial parents (caretakers) of Medicaid & SCHIP children with family incomes 22% of federal poverty level (FPL) up to 100% of FPL
- Provide health insurance to non-custodial parents and uninsured childless adults (non-caretakers) with family income up to 100% of FPL.

This demonstration is the first of its kind in the United States and has a unique empowerment of enrollees (members) to be cost and value conscious while promoting personal responsibility, which includes:

- Specified monthly POWER account contribution ranging from 2% - 5% of gross income.
- Twelve month lock out from program for members that do not make payments within 60 days.
- Incentivizes yearly preventative services at no cost and are funded outside the POWER Account.
- Total remaining balance in the POWER account rolls over when preventative services are obtained.

**Overview**

The State of Indiana respectfully submits the 1st quarter 2014 Healthy Indiana Plan 1115 demonstration report.

If there are any questions or comments regarding these changes please do not hesitate to contact the State contacts listed below.

**State Contacts**

Primary Contact	Secondary Contact
Steve Holt Healthy Indiana Plan Manager Office of Medicaid Policy and Planning Family and Social Services Administration W374 IGC-S 402 W Washington St. Indianapolis, IN 46204-2739 Telephone: 317- 232-4707 Facsimile: 317-232-7382 Steven.holt@fssa.in.gov	Doug Montgomery Director Indiana Health Coverage Programs FSSA Operations Family and Social Services Administration W374 IGC-S, MS 07 402 W Washington St. Indianapolis, IN 46204-2739 Telephone: 317-233-2834 Facsimile: 317-232-7382 Doug.montgomery@fssa.in.gov

Hoosier Healthwise-Enrollment		
Source: OMPP Data Unit		
Item	Period	Total
Number of Hoosier Healthwise Enrollees-Anthem	Rolling	234,875
Number of Hoosier Healthwise Enrollees-MDwise	Rolling	293,381
Number of Hoosier Healthwise Enrollees-MHS	Rolling	201,290
Number of Hoosier Healthwise Enrollees-Total	Rolling	729,546

Table 1

Healthy Indiana Plan-Applicants		
Source: OMPP Data Unit		
Item	Period	Total
Number of HIP Applicants-Start of Quarter	Rolling	537,230
Number of HIP Applicants-During Quarter	Quarter	11,012
Number of HIP Applicants-Total	Rolling	548,242

Table 2

Healthy Indiana Plan-Number of Denials		
Source: OMPP Data Unit		
Item	Period	Total
Number of HIP denials Non-Caretaker Cap reached	Quarter	-
Number of HIP Denials-Failure to pay initial POWER Account contribution	Quarter	1,616
Number of HIP Denials-Insurance through employer	Quarter	-
Number of HIP Denials-Other	Quarter	16,137
Number of HIP Denials-Total	Quarter	17,753

Table 3

Healthy Indiana Plan - Number of Denials						
Source: OMPP Data Unit						
FPL Range	Number of Applicants	Number Who Failed to Make an Initial POWER Account Contribution	Percentage	Number of Enrollees	Number Who Were Disenrolled for Failure to Make a Subsequent POWER Account Contribution	Percentage
0 to 22% FPL	16,119	172	1.00%	23,752	113	0.00%
23-50% FPL	3,834	283	7.00%	7,111	217	3.00%
51 to 100% FPL	9,854	733	7.00%	17,275	424	2.00%
101 to 150% FPL	84	15	18.00%	290	6	2.00%
151+ FPL	8	7	88.00%	61	1	2.00%

Table 3.1

Healthy Indiana Plan-Enrollment			
Source: OMPP Data Unit			
	Item	Period	Total
A	Number of HIP Enrolled-Start of quarter	Rolling	47,968
B	Number of HIP Enrolled-During the quarter	Quarter	15,285
C	Number of HIP Disenrolled-Due to non-payment of POWER Account	Quarter	819
D	Number of HIP Disenrolled-HIP redetermination packet not submitted	Quarter	-
E	Number of HIP Disenrolled-Member became pregnant	Quarter	234
F	Number of HIP Disenrolled-Move to Medicaid category	Quarter	651
G	Number of HIP Disenrolled-Insurance through employer	Quarter	-
H	Number of HIP Disenrolled-Other reasons	Quarter	1,130
I	Number of HIP Enrolled-End of the quarter ((I)=(A)+(B)-(C)-(D)-(E)-(G)-(H))	Quarter	60,419

Table 4

Healthy Indiana Plan-Number of Denials							
Source: OMPP Data Unit							
Reason Code	Low Income 0-22%	Low Income 23-50%	51%- 100%	101%- 150%	151%+	Unknown FPL	Total
HIP Disenrolled-Due to non-payment of POWER Account	116	231	461	6	1	4	819
HIP Disenrolled-HIP redetermination packet not submitted	0	0	0	0	0	0	0
HIP Disenrolled-Member became pregnant	74	42	92	10	-	16	234
HIP Disenrolled-Move to Medicaid category	340	61	176	9	-	65	651
HIP Disenrolled-Insurance through employer	0	0	0	0	0	0	0
HIP Disenrolled-Other reasons	432	118	461	27	10	82	1,130

Table 4.1

Healthy Indiana Plan-FPL							
Source: OMPP Data Unit							
Aid Category	Plan	Low Income 0-22%	Low Income 23%-50%	51%-100%	101%-150%	151%-200%	Total
Caretaker	Anthem	3,478	2,751	6,680	910	164	13,983
	ESP	-	-	-	-	-	-
	MHS	1,212	840	1,930	165	38	4,185
	MDwise	1,960	1,520	3,423	347	86	7,336
Subtotal		6,650	5,111	12,033	1,422	288	25,504
Non Caretaker	Anthem	10,098	1,414	3,681	451	123	15,767
	ESP	-	-	-	-	-	-
	MHS	6,018	596	1,714	62	24	8,414
	MDwise	5,707	693	1,861	145	44	8,450
Subtotal		21,823	2,703	7,256	658	191	32,631
Grand Total		28,473	7,814	19,289	2,080	479	58,135

Table 5

Number of HIP Enrolled-Reached \$200,000/Annual or \$900,000/Lifetime in Benefits					
Source: Healthy Indiana Plan Health Plans					
Item	Period	Anthem	MDwise	MHS	Total
Referred to Medicaid	Quarter	0	0	0	<b>0</b>
Referred to M.E.D. Works	Quarter	0	0	0	<b>0</b>
Other	Quarter	0	1	0	<b>0</b>
<b>Total</b>	<b>Quarter</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

Table 6

Number of HIP Enrolled-Reached \$300,000/Annual or \$1,00,000/Lifetime in Benefits					
Source: Healthy Indiana Plan Health Plans					
Item	Period	Anthem	MDwise	MHS	Total
Referred to Medicaid	Quarter	0	0	0	<b>0</b>
Referred to M.E.D Works	Quarter	0	0	0	<b>0</b>
Other	Quarter	0	0	0	<b>0</b>
<b>Total</b>	<b>Quarter</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Table 7

Number of HIP Enrolled-ESP				
Source: OMPP Data Unit				
Item	Period	Month 1	Month 2	Month 3
Number of HIP Enrolled-ESP	Quarter	-	-	-

Table 8

Budget Neutrality-Member Months					
Source: OMPP Finance & State Actuary					
Medicaid Eligibility Group (MEG)	Period	Month 1	Month 2	Month 3	Total
HHW Caretakers	Quarter	120,449	118,191	117,656	356,296
HHW Children	Quarter	548,714	546,661	546,470	1,641,845
HHW Pregnant Women	Quarter	26,506	26,752	27,130	80,388
HIP Caretakers	Quarter	23,200	24,270	24,866	72,336
HIP Non-Caretakers	Quarter	28,793	31,775	35,083	95,651

Table 9

Healthy Indiana Plan-Enrollee/Applicant Inquiries					
Source: OMPP Agency Coordination & Integration					
Item	Period	Month 1	Month 2	Month 3	Total
General Questions	Quarter	32	33	41	106
Anthem	Quarter	2	1	3	6
MHS	Quarter	-	1	2	3
Mdwise	Quarter	-	1	2	3
Total	Quarter	34	36	48	118

Table 10

Healthy Indiana Plan- Enrollee/Applicant Hearings and Appeals		
Source: FSSA Hearings and Appeals		
Item	Period	Total
Did Not Complete Verifications Request from State	Quarter	271
Other Insurance	Quarter	259
Financial Eligibility	Quarter	188
Other	Quarter	1
Total	Quarter	665

Table 11

Enrollee/Applicant Issues
Source: OMPP Care Programs
Provide a summary of the types of complaints or successes consumers identified about the program in the current quarter. Include any trends discovered, the resolution of complaints, and any actions taken or to be taken to prevent other occurrences.
The enrollment freeze for HIP has prevented a large amount of eligibility issues for the reported quarter.
One issue that has occurred is that home addresses in ICES are not always transferring to AIM. If institution or authorized representative is entered in ICES then AIM picks up these addresses instead. We have had a complaint that an MCE is not taking payment because the address client claims is different from what MCE has. This has been fixed on the specific case and client was contacted to call and make payment again.
In addition, debt incurred from a previous time on the Healthy Indiana Plan caused newly conditional member files to be held before reaching the MCE. These members in turn do not get billed. We have members calling and questioning billing or asking why the State did not fund the POWER Account for those that do not have a contribution. DFR will advise those that call to contact the previously chosen MCE and request debt information

and make them aware that they will not be billed until debt is satisfied.

Appeals for nonpayment or information on debt is not always readily available to the DFR. Occasionally we are unable to ascertain which MCE the member is with in order to gather information to present at hearing in the State's defense. In almost all cases the MCE sends the file to close the member and the DFR worker does not take action in the system. When this occurs, it is difficult to defend and most cases are overturned.

Table 12

Outreach/Innovative Activities

Source: Healthy Indiana Plan Health Plans

Provide a summary of the outreach activities and/or promising practices for the current quarter.

**MHS**

In the Third Quarter CY 2014, MHS conducted and participated in many outreach activities related to general health issues education, and education about the State of Indiana programs, as well as events aimed at educating MHS members about their program operations and benefits. Below is an outline of Healthy Indiana Plan-relevant activities which MHS organized, sponsored or in which MHS played a part:

HEALTHY CELEBRATIONS - MHS organized and held several of its signature "Healthy Celebration" events in third quarter 2014. For these events, MHS partners with an in-network primary care practice and identifies the members assigned to that practice who appear to be due for one or more preventive care services or chronic condition follow-ups, based on information in our claims and medical management systems. MHS contacts these members individually in advance, and invites them to the event day to come and get the needed services. The members get their check-ups and needed screenings. Afterward, they are invited to stay for a "celebration," with MHS outreach staff to enjoy healthy snacks and access information about MHS, their benefits and general health information.

In July, MHS partnered with Primary Care Providers in Bartholomew County on 07/02/2014 and again on 07/28/2014 for a Healthy Celebration Event. MHS held Healthy Celebration Events with Johnson County primary care providers on 07/07/2014, on 07/17/2014, on 07/18/2014, and again on 07/28/2014. MHS conducted a Healthy Celebration event in Adams County with primary care providers there on 07/30/2014.

On August 27, 2014, MHS partnered with Primary Care Providers in Lake County for a Healthy Celebration Event, and then on 9/4/14, MHS partnered with Primary Care Providers in Grant County for a Healthy Celebration Event.

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COMMUNITY PRESENTATIONS - MHS has prepared an overview presentation about MHS and about the Indiana State Health Care programs in which it participates, under the auspices of state contracts. This presentation has been approved by the Indiana Family and Social Services Administration to educate community organization partners. At these Community Presentations, after making the presentation, MHS outreach staff are available to answer questions and begin to collaborate with community organizations on common goals where possible.

MHS held a "What is MHS?" Community Presentations on 07/14/2014 and again on 8/25/2014 in Vigo County, and on 07/24/2014 and 8/22/2014 in Marion County, Indiana. In September, MHS prepared and held "What is MHS?" Community Presentations on 9/19/14 in Lake County, Indiana and on 9/24/14 in Shelby County, Indiana.

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HEALTH FAIRS and COMMUNITY FAIRS – MHS participates as an Exhibitor in as many Health Fairs and Community Fairs throughout the year as it is able, in communities across the State of Indiana, and under sponsorship of local governments, community or other non-profit organizations, faith communities and more. At a Fair, MHS has a booth where trained outreach staff members supply attendees with information about MHS and about the State health programs in which MHS participates. MHS supplies attendees with handouts on how to find out if they are eligible and apply for State programs for which MHS may be a Plan choice. MHS also supplies information about programs for MHS members. MHS has games and handouts available regarding general health information, and provides simple health-related games and giveaways. All such handouts have been approved by the Indiana Family and Social Services Administration. During at least some Health Fair hours, MHS arranges for members of its licensed clinician staff and other program experts to be available to attendees to provide free health advice in "Ask-a-Doc," and "Ask-An-Expert," sessions.

A Health Fair example is the 8/14/14 NorthShore Health Center Patient Appreciation Health & Fun Fair in Lake County, Indiana. MHS attended in order to support this important FQHC, serving the uninsured and underinsured, and to support community organizations through sponsorship, and to educate participants about MHS and the services available to MHS members. MHS had a booth on site with health education information, giveaways and basic program information.

From 8/1/2014 to 8/17/2014, MHS sponsored two on-going shows at the Indiana State Fair in Indianapolis, Marion County, Indiana. These shows were, MHS presents the “Flippenout Extreme Trampoline Show” and MHS presents, the “Extreme Freestyle Moto X”. MHS also had a booth open on the main thoroughfare throughout the entire Fair run. Throughout the Fair, MHS staffed its booth with “Experts” in the area of pediatrics, physical fitness and prenatal care as well as behavioral health and program benefits. Attendees received small giveaways and information on how to contact the State’s program enrollment and general health information.

Other Health and Community Fair events which MHS attended and provided its booth with information, trained staff, program information and giveaways include 8/8/14 at the Madison County Community Health Center 11th Annual Backyard BBQ in Madison County, and at the 8/8/14 - A Stroll in the Park Northwest Indiana Healthy Start event in Lake County, Indiana. MHS also attended the 8/9/14 - Familia Dental South Gate Plaza Grand Opening in Allen County, Indiana, and the 8/13/14 - Heart City Ice Cream Social in Elkhart County, Indiana.

On 8/16/14 – MHS attended the Lake Station Safety Event in Lake County, Indiana, and also on 8/16/14 – MHS was at the 3rd Annual Kroc Fest Community Celebration in St. Joseph County, Indiana. Then on 8/23/14 – MHS had a booth at the 4th Annual Amnesty and Deliverance Festival in Allen County, Indiana and on 8/28/14 and again on 9/25/2014, MHS was in Allen County at the Health Visions Prevention Clinic.

In September, MHS attended fairs in Marion County Indiana on 9/4/14 at the Hamilton Center Wellness Fair and 9/10/14 at the Ivy Tech Resource Fair. On 9/13/14 MHS was at the Family Safety Day at Central Park, in Kosciusko County. On 9/20/14, MHS was at the HEALTHNET Saturday Clinic in Marion County. On 9/21/14 MHS had a booth at the Komen Pink Ribbon Celebration in Hamilton County, Indiana, and on 9/24/2014, MHS had a booth on site at the Geminus Community Partner Provider Fair in Lake County, Indiana. On 9/29/14, MHS attended the Northern Indiana Hispanic Health Coalition Health Fair in Elkhart County, Indiana.



#### HEALTHY LIFESTYLE EVENTS –

On 7/27/14 – MHS put together one of its “Healthy Lifestyle Events” in Marion County, Indiana. At a Healthy Lifestyle event, MHS arranges for speakers and demonstrations to educate the general population attendees on health matters. This is a free educational event featuring free fitness, diet and cooking demonstrations, accompanied by free health screenings. There is also information available to attendees on how to find out more about State of Indiana health care programs, including where and how to enroll. MHS had a booth on site

with health related information and giveaways, and MHS had coordinated all the presenters including personal trainers, a professional chef and licensed health screeners. ●●●

#### CONFERENCES AND SEMINARS

In the third Quarter 2014, MHS attended several conferences and seminars. On 8/21/14, MHS staff attended and observed the Young Families of Indiana Network Lunch and Learn in Marion County, Indiana. This was an educational forum amongst community partners to educate the community and attendees on health issues and provide basic program information. On 9/10/14, MHS staff attended and observed the Madison County Indiana Community Information Session. This was an educational forum amongst community partners to educate the community and attendees on health issues, the ACA and provide basic program information. Also on 9/10/14, other MHS staff attended and observed the Women of Influence Annual Symposium in Marion County, an educational forum amongst community partners and providers to educate attendees on health issues and provide basic program information.

On 9/15/14, MHS had a booth at the 6th Annual Minority Health Conference in Marion County, Indiana, an event to educate the community and attendees on health issues and provide basic program information. The MHS staff at the booth provided attendees with educational health information, giveaways and basic program information.

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#### OTHER SPECIAL EVENTS -

MHS staffed a booth on 8/4/14 at the Covering Kids and Families (CKF)/CANI Enrollment Event in Kosciusko County, Indiana. MHS attended this event to support these community organizations through sponsorship and to educate participants about MHS and the services available to MHS members. At the MHS booth, trained staff provided basic health education information, information on where and how to enroll in State health plans for which MHS is a plan choice, and had health related games and giveaways. MHS participated in other Covering Kids and Families/CANI Enrollment Events in Elkhart County, Indiana on 8/11/14 and on 8/12/2014.

On 9/20/14 MHS had a booth with staff at the Ft. Wayne Urban League Literacy Event in Allen County, Indiana and also on 9/20/14 MHS fielded a company team to walk and raise donations for the American Diabetes Association at its Step Out Walk in Marion County, Indiana, where MHS also had its booth with trained staff providing information to attendees.

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#### RECEPTIONS, FUNDRAISERS, COMMUNITY ORGANIZATIONS SUPPORT

Throughout the year, MHS carefully chooses to sponsor community and health related non-profit organizations that serve the populations and communities from which its plan membership is drawn. Through attendance at informational and fundraising events and receptions, MHS demonstrates its support of these important organizations and programs and is able to educate the communities and other advocates for those communities about MHS and the State health programs in which it participates.

On 9/18/14, MHS “purchased” a table and invited MHS staff to attend and support the Coalition for Homelessness Intervention & Prevention Reception in Marion County, Indiana. On 9/27/14, MHS helped sponsor the 2nd Annual Indy Cooks for the Arc event in Marion County, Indiana and invited MHS staff to attend and support the event. On 9/29/14, MHS was a sponsor of the Horizon House 10th Annual Tracking Homeless Event in Marion County, Indiana and invited staff to attend and support the event. On 9/30/14, MHS “purchased” a table and invited employees who are IPS alumnae to attend and support the IPS Hall of Fame Annual Luncheon in Marion County, Indiana.

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## **MDwise**

MDwise has integrated the promotion and education of the Healthy Indiana Plan since the plan originally started in 2007. MDwise achieves successful promotion of its Healthy Indiana Plan by conducting outreach, education, and marketing, to its Healthy Indiana Plan members and providers. MDwise strives to educate its members on the importance of receiving preventive care, knowing their medical home, and how to reach MDwise for additional resources.

MDwise provides its providers with all the resources and information needed to deliver low cost, high quality care to MDwise members. Below are some initiatives MDwise established and completed to provide quality health care to its Healthy Indiana Plan members in Q3, 2014.

One of the strengths of the MDwise outreach team is their opportunity to interact directly with MDwise members and community members in communities throughout the state. While, MDwise outreach incorporates HIP education into all their outreach efforts, there are events and presentations when the outreach team has an opportunity to interact with MDwise HIP members across the State of Indiana.

The outreach team assists in confirming member's HIP plan, explanation of benefits, the MDwise REWARDS Program, creation of the myMDwise portal, how to maintain coverage, customer service referrals, change providers and other common questions in the field.

The MDwise outreach team adjusted its efforts related to HIP outreach due to HIP reaching its capacity for the caregivers and the non-caregivers. The outreach team continued to provide education on HIP, directing individuals to FQHCs for care and continue to collaborate with DFR and community partners to assist community members. Due to the Marketplace outreach in communities throughout Indiana, there has been an increased focus on HIP-related questions. In addition, MDwise outreach provides answers and resources to HIP members who have many questions about maintaining HIP coverage or transitioning to the Marketplace. The outreach team is answering eligibility questions, program benefits and directing them to where to enroll and how to stay enrolled on the HIP Program. For example, in Q3, 175 HIP applications were distributed at community events.

In Q3, 2014, MDwise Outreach and Marketing organized and participated in the following activities and events where HIP information was discussed, explained and distributed in communities of all sizes throughout Indiana.

### **Enrollment Awareness**

- MDwise Outreach distributed 175 HIP applications at community events and presentations
- Worked with Covering Kids and Families, enrollment partners and local DFR offices to promote and conduct enrollment for the HIP
- 106 HIP applications were completed by Covering Kids & Families
- 78 HIP applications were completed at events by DFR and community enrollment centers
- 355 CKF and enrollment partner referrals
- Partnered with enrollment partners on 386 community events to provide enrollment and promote MDwise Programs

### **HIP Outreach Education and Awareness**

- Completed over 185 MDwise Health Benefits Connection events in Q3. The events target members and community members seeking services at local DFR offices, provider offices,

health departments, FQHC's, and other community programs. There was a marked increase in questions about HIP eligibility

- Outreach provided direct HIP education to parents at the 46 Everyone Needs Check Up events. Education about HIP was provided to the parents/guardians of children who needed a well-child visit
- The outreach team partnered with enrollment partners at events and community presentations to educate and provide enrollment assistance on the HIP Program.
- Provided one-on-one member education on the myMDwise Portal to 753 MDwise members and how to redeem MDwise REWARDS points
- Provided education to 11,504 members and the community on the MDwise REWARDS Program
- Worked with two school based health centers in East Chicago and Michigan City to promote HIP to uninsured parents
- HRS screenings completed for new HIP members
- Promoted Hoosier Healthwise and HIP as a solution for health insurance for the entire family
- Promoted preventative care to HIP members and explained the importance to see their doctor within the first 90 days of becoming a MDwise HIP member
- HIP promotion and education published in MDwise member newsletter
- Expanded outreach initiatives to local food pantries, schools, locations, schools, GED locations, Work One, public libraries and Legal Aid sites to educate communities about where to apply for HIP, how to stay enrolled, and to confirm HIP membership through the web interchange

### **Education Materials and Special Programs**

- Distributed education pieces on “How to Stay Enrolled on Hoosier Healthwise & HIP,” “How to Stay on MDwise,” and “Where to Enroll for Hoosier Healthwise & HIP” at 386 community events and presentations.
- Educated agencies, schools and other programs about HIP at the 27 completed professional presentations.
- Distributed the “Got Insurance Brochure” to increase education on where to apply for HIP (Marion County).
- Educated HIP members on the “Your Doctor First brochure on ER utilization.
- Promotion of INcontrol Disease Management Program for HIP members.
- Distribution of HIP Health Plan materials created by FSSA.
- Distributed brochures on Smoking Cessation and the Quit Line

### **Presentations**

- Provided education on HIP at 15 IMPACT community presentations in the southeast, southwest and west central regions. The information provided at these presentations included HIP updates, how to enroll, benefits, special programs, and incentive programs
- Completed 27 professional presentations
- Completed 26 community presentations

### **Redetermination**

- Redetermination calls and mailings made to HIP members who are in their redetermination period.
- MDwise customer service department used dialer resources to further assist with reaching members and making this process more efficient.
  - 52.25% of all members HHW redetermination members were reached via MDwise agentless campaigns
  - 88.46% of those members reached stayed with MDwise
  - 87.69% of those members reached stayed with their delivery system
- MDwise had not made any outbound phone calls to members who are coming up for redetermination in Q3. MDwise will re-launch the redetermination outbound phone calls and mail monthly redetermination letters in Q1, 2015.

### **Providers**

- Provided provider workshops for all HIP doctors.
- Provided member list to HIP providers that have HIP members that have not yet received preventive care exam.
- Distributed flyer that provided details about performance dollars MDwise will pay to the providers who performed well on Adult Preventative Care measure.
- Provided individual education to providers during visits or presentations.
- MDwise was involved in multiple organizations and associations focused on providers.
- Incorporated HIP education and resources at the MDwise Community Advisory Councils (CAC) in the northeast and west central regions in Q3 HIP was an agenda topic at all the CAC meetings.

### **HIP Power Account**

- Mailed HIP new member letters with ID Cards. Letter explained the importance of receiving preventive care. The letter also explained how receiving preventive care qualifies the member for the rollover of any remaining funds in their POWER Account.
- Mailed monthly HIP POWER Account invoice to all members reminding them of their monthly contribution.
- Mailed monthly HIP POWER Account Statement to members. The letter describes health care services used in the current year. Refers members to view member handbook to view preventative service targets.
- Mailed HIP and Hoosier Healthwise member handbook to members when they became members.
- E-mailed HIP members about how to rollover POWER account funds.

### **MDwise Rewards**

- Promoted MDwise REWARDS program, which is an incentive program for MDwise Hoosier Healthwise and Healthy Indiana Plan. The program uses incentives to encourage members to seek their annual check-ups, health screenings and in return members earn points for gift cards.
- Included MDwise REWARDS information into main MDwise all program brochure, member handbook, MDwise website, and other member materials.

- Distributed MDwise REWARDS information sheet on what activities earn points and how many points are earned for the activity completed available on MDwise.org or outreach can print for events and customer service can mail by request when members call in.
- Distributed a business card size promotion card for MDwise REWARDS at outreach events and through provider's offices.
- Assisted members with redeeming MDwise REWARDS gift cards, which included signing them up for myMDwise.
- In Q3 2014, there were 3,303 Hoosier Healthwise (HHW) and HIP members that redeemed their points for a gift card. This is a slight increase from Q2 2014 (3,116) and a 23% increase over last year, Q3 2013 (2,686). Ten percent (10%) of the redeeming members were in the HIP program. The percentage of HIP members that are redeeming is consistent with Q2 of 2014 (9%) and reduced from the same period last year (13%). Members continue to prefer the Subway gift card option for those who redeem at the \$10 level, and the Wal-Mart gift card at the \$30 and \$ 50 levels.

### **Anthem**

In Q3 2014, Anthem's outreach staff participated in approximately 1,000 events and meetings to provide information on Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW: Indiana's Medicaid risk-based managed care program for pregnant women, very low-income families, and children). Outreach activities seek to promote the HIP program by educating members on HIP benefits and the POWER account, and by promoting cost-conscious health care decision-making and preventive care among members.

Specifically, Anthem utilizes partnerships with faith-based organizations, minority health organizations, government agencies, Work Force One, Covering Kids and Families agencies, public libraries, retail stores, pharmacies, and community health organizations to reach its target populations. Outreach specialists participate in events and health fairs attended by anywhere from a few members to several thousand to educate about HIP, transportation benefits, proper emergency room (ER) usage, smoking cessation, the pregnancy program, as well as early detection and treatment for diabetes, asthma, and other conditions. Outreach specialists have built relationships with enrollment agencies throughout the state, providing an overview of the Anthem HIP plan. Anthem also works with medical providers to offer individualized member outreach. Providers can refer members who miss appointments or who might benefit from health education classes, connection to community resources, or an explanation of member benefits. During Anthem's Clinic Days, held throughout the state to promote preventive health services for children enrolled in HHW, applications for HIP were distributed to caregivers.

Anthem staff reaches out specifically to the Burmese community. Recognizing the cultural and language barriers faced by this population, Anthem works to ensure Burmese residents can access healthcare and transportation and understand their HIP plan benefits.

Each new HIP member who enrolls in Anthem receives a welcome call from a Health Needs Specialist to inform them about plan benefits, including access to preventive care, coverage for doctor's visits and hospitalizations, and the POWER account. During the call, the member is given the opportunity to select a primary medical provider (PMP) and to complete a health risk assessment. HIP members also receive customized MyHealth Notes, which remind members to get regular preventive care, encourage the correct use of prescription drugs, and promote overall wellness.

*Table 13*

Operational Activities

Source: OMPP Care Programs

Identify all significant program developments/issues/problems that have occurred in the current quarter, including, but not limited to, approval and contracting with new plans, benefit changes, and legislative activity.

One of the MCEs was ranked #28 by NCQA (HEDIS/CAPHS) of all Medicaid Health Plans in the Nation. This MCE also ranks #1 in Indiana.

The MCEs are working to increase Provider panel capacity in order to provide greater access to care for their Members. One MCE has been working diligently to outreach Native American Providers but has encountered some challenges. However, they continue their endeavor in this area of outreach.

Another MCE has developed a pilot program with the intention of providing mental health support to parents who have children in the NICU. The program is designed to screen and address Post Traumatic Stress Disorder (PTSD) in parents of NICU babies. The expectation is that this program will educate parents and facilities about PTSD, connect families to resources and improve outcomes for NICU babies.

There were a few common trends in Internet Quorums (IQs) which is the State of Indiana's member, provider, or general public complaint process for FSSA. Some pregnant women that suffered miscarriages during their switch from the Healthy Indiana Plan (that does not cover maternity) to Hoosier Healthwise (which covers maternity) fell through the gaps and the providers did not know to bill HIP. The MCEs of the members and FSSA worked to get the bills covered and provide education to the providers on how to bill the MCEs for miscarriages. FSSA also reviewed the MCEs' provider and member handbook and ensured that new sections over miscarriages under the Healthy Indiana Plan were present, clear, available for member and provider knowledge. There has been a few incidents where members were direct billed by the providers and again FSSA and the MCEs intercede between the provider and the member. The MCEs and FSSA provided education on not billing members and showed the correct way for providers for receive reimbursement from the MCEs. There was an issue with an out of state provider billing an Indiana Medicaid member that was visiting Florida. The member went to the ER, the hospital participated in Medicaid and Medicare, but the contracted providers that handled the ER did not. The contracted providers wanted to exact payment from the member not recognizing the hospital they worked at accepts Medicaid and is mandated to follow federal laws prohibiting direct billing Medicaid members. FSSA and the MCE of the member interceded on the member's behalf to stop the billing and debt collection process.

Table 14

#### Financial Activities

Source: OMPP Finance & State Actuary

Identify all significant developments/issues/problems with financial accounting, budget neutrality, and CMS-64 reporting for the current quarter. Identify the State's actions to address these issues.

Indiana continues to employ consistent processes to ensure accurate, timely and complete reporting in compliance with the Special Terms and Conditions. Please find that process below.

- Budget neutrality submissions will be developed utilizing CMS64 data.
- Budget neutrality and CMS64 reporting will be reconciled quarterly prior to submitting reports to CMS.
- Federal Funding Director/OMPP Controller will be the final approver on all budget neutrality submissions.

Reconciliation documentation is maintained to support quarterly submissions.

Table 15

#### Monitoring Activities

Source: OMPP Care Programs

Identify any quality assurance/monitoring activity in current quarter.

The State maintains a quality review team and separate contract compliance team. As noted in prior quarterly reports, the use of two separate teams results in more in depth analysis of contract compliance, plan reporting, quality and accessibility of health care services, utilization of services, and progress of stated plan goals. The two teams work jointly in preparation of the monthly onsite visits. While each team brings a different perspective to the onsite visits, there are joint analysis of the plans' policies and procedures to ensure contract compliance and delivery of quality care to the members. This method results in a strong alignment of healthcare quality and contract compliance.

Onsites for 3<sup>rd</sup> Quarter, 2014 were used to determine the quality and effectiveness of many different targeted areas. POWER Account usage was one such area and specifically how the MCEs tracked usage of POWER Account funds to ensure that Members only used the funds for allowed services, POWER Account interest ensuring that the MCEs do not accrue interest on POWER Account funds (the MCEs do not keep the funds in interesting bearing accounts), Annual and Lifetime benefit caps, and how the MCEs educated Providers on when and how a Member can use POWER Account funds appropriately. In addition, the onsite visits looked at what enhanced services are provided to Members by the different plans. The use of the plans marketing was also targeted including how marketing documents are created, how the Medicaid website is maintained to ensure that it is accurate and current, how cost and quality information is made available to Members in order to facilitate a more responsible use of healthcare services, and how Members receive education regarding self-referral services. Lastly, the processes for determining how to identify, screen and assess children as potentially having Special Healthcare Needs, the policies and procedures that are in place regarding the maintenance of frequent communications to the Provider Network, and how often the State's Preferred Drug list is reviewed and updated were also among the focus points of onsite visits in the 3<sup>rd</sup> Quarter, 2014.

During the 3<sup>rd</sup> quarter, the FSSA compliance and quality staff assessed and analyzed the information submitted by the MCEs for the onsite topics listed above. The MCEs provided both verbal and written demonstrations of materials. No major issues of noncompliance were identified. For any noted issues, the MCEs were made aware of the findings and submitted corrections for review by the compliance analysts to ensure compliance. The MCEs ensure that adequate and knowledgeable staff is present during the Onsites to provide detailed overviews and to answer questions posed by the State. The FSSA maintains documentation of the monthly onsite visits, materials submitted by the MCEs, and documented feedback and analysis from the compliance and quality staff.

Additionally, the Contract Compliance and Quality staff reviewed required reporting materials submitted by the MCEs. As per the contract, the MCEs received the required written notification of noncompliance or performance issues identified in the monthly and quarterly reporting. The FSSA maintains records of the written notification for noncompliance and any adverse actions imposed by the FSSA.

The State works closely with the MCEs to ensure continued compliance and adherence to the Contract and to identify any areas of deficiency. When these areas are identified, prompt action is taken to ensure that the MCEs are brought back into conformity with the Contract.

*Table 16*

Demonstration Evaluation
Source: OMPP Quality
Discuss progress of evaluation design and planning.
Quality only had onsite visits in July and August for Q3. Beginning in September, we started meeting with the plans regularly regarding HIP 2.0 and therefore we replaced our regular onsite meetings with those meetings instead. In July we focused on the coordination of care between a member's medical and behavioral health needs as well as any geographical gaps in medical care that exist. This dealt specifically with an issue surrounding a lack of access to specialists that was identified by the EQR. We wanted to address this topic specifically as it related to

HIP 2.0 and the possibility of increasing enrollment by ½ million new members. In August, we reviewed, analyzed, and accepted/denied each of the MCEs Marketing/Strategy plans for the new Quality measure of Pregnant Women and Smoking Cessation. We rated the 3 MCEs plans based on the 8 categories they were asked to address in their plans. We also asked them to explain the development of their plans and the timeframe for implementation and reporting.

Table 17

POWER Account Rollover		
Source: OMPP Care Programs		
Discuss POWER account rollover.		
	Total Number	Percent
Members Enrolled July – September 2014 & Eligible for Rollover	4,482	N/A
Members that Completed Preventative Services	3,202	71%
Members w/POWER Account Balance	1,565	35%
Members w/no POWER Account Balance	2,917	65%
Members w/Balance and Completion of Positive Preventative	919	59%
Members w/Balance and Negative Preventative	646	41%
Average Member Remaining Balance	\$121.41	N/A
Average State Remaining Balance	\$583.97	N/A
Average Member Remaining Balance for Members w/Negative Preventative	\$128.16	N/A
Average State Remaining Balance for Members w/Negative Preventative	\$680.30	N/A

Table 18

ER Copayments					
Source: OMPP Care Programs					
Discuss ER copayments.					
ER Copayments January-March 2010					
HIP Population	Co-Payment Amount	Number of Anthem Members	Number of MDwise Members	Number of MHS Members	Total HIP Members
<b>Caretakers</b>	\$0 per visit*	1,470	177	570	<b>2,217</b>
<b>Caretakers With Incomes Above AFDC Income Limit through 100% FPL</b>	\$3 per visit	723	717	299	<b>1,739</b>
<b>Caretakers Above 100% through 150% FPL</b>	\$6 per visit	22	6	7	<b>35</b>
<b>Caretakers Above 150% through 200% FPL</b>	Lower of 20% of services cost provided during visit, or \$25	18	0	0	<b>18</b>
Non-Caretakers	\$25 per visit	3,267	1,312	792	<b>5,371</b>

	<b>Total</b>		<b>5,500</b>	<b>2,212</b>	<b>1,668</b>	<b>9,380</b>
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\* Indicates zero out-of-pocket co-payments after the visit was adjudicated as true emergency.

Table 19

ER Utilization
Source: OMPP Care Programs
Discuss initiatives to decrease ER utilization.
<p>The FSSA monitors the emergency room utilization reports and incentivizes the MCEs to develop goals and objectives to reduce unnecessary emergency room use through the contracted payment for outcome measures. Furthermore, FSSA monitors and incentivizes Adult Access to Preventive Care as a means of decreasing ER usage. The MCEs report to the FSSA on a quarterly basis ER Bounce Back, Type of Emergency Room Utilization, Frequency of Emergency Room Utilization, and Access to Preventative Care. The ER Bounce Back report summarizes the rate of members who return to the emergency room within 30 days of a prior ER visit. After reviewing data received from the MCEs, ER Bounce Back Rates are holding steady for Quarter 3 as there were no significant changes reported. Also, Quarter 3 data illustrates there was not a statistically significant change in rates for Adult access to Preventative Care.</p>

Table 20

Supporting Documentation
HIP Dashboard
HIP Financial Monitoring Report
OMPP Finance & State Actuary